



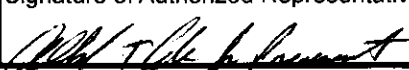
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

1. Entity ID Number 4414		2. Exact name of the Corporation COLE CONSTRUCTION CORPORATION			
3. Principal Office Address 771 LAFAYETTE ROAD		City NORTH KINGSTOWN		State RI	Zip 02852
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island BACKHOE AND EXCAVATION CONSTRUCTION SERVICES.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name ALFRED T. COLE, JR.			Vice-President Name		
Street Address 771 LAFAYETTE ROAD			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name ALFRED T. COLE, JR.			Treasurer Name ALFRED T. COLE, JR.		
Street Address 771 LAFAYETTE ROAD			Street Address 771 LAFAYETTE ROAD		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name ALFRED T. COLE, JR.			Director Name		
Street Address 771 LAFAYETTE ROAD			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			1,000 COMMON NONE		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative ALFRED T. COLE, JR., PRESIDENT					Date 1/24/2017
Signature of Authorized Representative 					SIGN DOCUMENT HERE FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 30 2017 
BY 3449 FORM 630 - Revised: 10/2016